

# Application for Rhode Island Pharmaceutical Assistance to the Elderly (RIPAE)

## INSTRUCTIONS

1. Complete a separate application for each person applying for RIPAE assistance (e.g., separate application for each spouse.)
2. Under Rhode Island law, you must also apply for “Extra Help” from the Social Security Administration and enroll in a Part D plan, if you meet the federal low-income and asset limits. Contact your local Social Security office for assistance. You must also prove that you have applied for “extra help” from the Social Security Administration, and that you have enrolled in a Medicare Part D plan, if your income is below 150% of the Federal Poverty Level.
3. To submit your application, take the following documents to your local Community Information Specialist or authorized agency:
  - a. completed application.
  - b. proof of your age and address.
  - c. INCOME DOCUMENTATION FOR RIPAE: a copy of your social security income statement and a federal or state tax return, or a statement from a financial institution such as a bank, IRA fund, or pension fund that shows your income, including interest income. You may submit income and expenses from either the previous year or the current year, whichever is more favorable to your application process.
  - d. documentation of medical expenses, if your income appears to be above the RIPAE income limits. Documentation may include bills from a health insurance plan, a printout of pharmacy bills, and documentation of any other paid medical expenses, such as dental, vision, or medical equipment bills.
  - e. Proof that you have applied for “extra help” from the Social Security Administration” and enrolled in a Medicare Part D plan, if your income is below 150% of the Federal Poverty Level.
4. Call 401-462-4000 (voice) or 401-462-0740 (TTY) to locate a Community Information Specialist nearest to you.

## APPLICATION (Please print)

1. Last Name		2. First Name		3. Middle Initial		4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
7. Resident Address Street, P.O. Box, Route #				8. Apt., Bldg., etc.		5. Marital Status <input type="checkbox"/> 01 Single <input type="checkbox"/> 06 Married	
9. City		10. State		11. Zip		6. Birth date Mo/Day/Year	
12. Phone Number		13. Social Security Number					
14. Race/Ethnicity (optional) <input type="checkbox"/> 01 White <input type="checkbox"/> 02 Black <input type="checkbox"/> 05 Asian <input type="checkbox"/> 03 Native Amer. <input type="checkbox"/> 06 Other <input type="checkbox"/> 04 Hispanic <input type="checkbox"/> 07 No Response		15. Type of Residence <input type="checkbox"/> 01 Private Residence <input type="checkbox"/> 02 Elderly Housing <input type="checkbox"/> 03 Assisted Living <input type="checkbox"/> 04 Nursing Home/Residential Care <input type="checkbox"/> 05 Other		16a. Do you have prescription drug coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No 16b. If yes, Name of Plan  16c. Plan I.D. Number  16d. Medicare I.D. Number			

## APPLICATION (Continued)

### PBM USE ONLY

Date Received \_\_\_\_\_ Entered by & date \_\_\_\_\_ Checked by & date \_\_\_\_\_

### For Community Information Specialist and Authorized Agency Use Only

1. Verify required information, indicating source and date of document. \_\_\_\_\_ Age verification \_\_\_\_\_ (source)  
\_\_\_\_\_ Address verification \_\_\_\_\_ (source)
2. Send completed form for qualifying applicants to: \_\_\_\_\_ most recent tax return for calendar year \_\_\_\_\_  
Rhode Island Department of Elderly Affairs \_\_\_\_\_ bank statement dated \_\_\_\_\_ from \_\_\_\_\_ bank  
John O. Pastore Center, Building #55 \_\_\_\_\_ pension fund statement dated \_\_\_\_\_ from \_\_\_\_\_ fund  
35 Howard Avenue \_\_\_\_\_ IRA statement dated \_\_\_\_\_ from \_\_\_\_\_ institution  
Cranston, RI 02920 \_\_\_\_\_ Total Countable Income \_\_\_\_\_
3. Call the Department of Elderly Affairs at 401-462-4000 \_\_\_\_\_ "Extra help" and Part D enrollment \_\_\_\_\_  
(voice) or 401-462-0740 (TTY) with questions. \_\_\_\_\_ RIPAE Group \_\_\_\_\_ 8018 \_\_\_\_\_ 8019 \_\_\_\_\_ 8020 \_\_\_\_\_ 8021

Please check the name of the agency processing the application:

- |                                      |                                     |                                 |                                  |
|--------------------------------------|-------------------------------------|---------------------------------|----------------------------------|
| _____ 01 Barrington Sr. Ctr.         | _____ 13 Fox Point Senior Ctr.      | _____ 25 PARI Indep. Living     | _____ 37 Tiverton Sr. Ctr.       |
| _____ 02 Benjamin Church Sr. Ctr.    | _____ 14 Hartford Park Comm. Ctr.   | _____ 26 Portsmouth Sr. Ctr.    | _____ 38 Tri-Town CAP            |
| _____ 03 Coventry Sr. Ctr.           | _____ 15 Int'l Institute of R.I.    | _____ 27 RJ Holden Ctr.         | _____ 39 Warren Sr. Ctr.         |
| _____ 04 CHisPA                      | _____ 16 Jewish Sr. Agency          | _____ 28 Pilgrim Sr. Ctr.       | _____ 40 Westbay CAP             |
| _____ 05 Cornerstone Adult Day Svcs. | _____ 17 Johnston Sr. Ctr.          | _____ 29 Progreso Latino        | _____ 41 Westminster Sr. Ctr.    |
| _____ 06 Cranston CAP                | _____ 18 L. Mathieu Sr. Ctr.        | _____ 30 Proyecto Esperanza     | _____ 42 W. Warwick Sr. Ctr.     |
| _____ 07 Cranston Sr. Svcs.          | _____ 19 Lillian Feinstein Sr. Ctr. | _____ 31 Sal Mancini Ctr.       | _____ 43 Westerly Sr. Ctr.       |
| _____ 08 DaVinci Ctr.                | _____ 20 Lincoln Sr. Ctr.           | _____ 32 St. Martin DePorres    | _____ 44 Wood River Health Svcs. |
| _____ 09 Diocese of Prov.            | _____ 21 Meals on Wheels            | _____ 33 Silver Lake Comm. Ctr. | _____ 45 Woonsocket Sr. Svcs.    |
| _____ 10 E. Prov. Sr. Ctr.           | _____ 22 Newport C&F Svcs           | _____ 34 SEDC                   | _____ 46 Other                   |
| _____ 11 East Bay CAP                | _____ 23 Nickerson Comm. Ctr.       | _____ 35 South County CAP       |                                  |
| _____ 12 Federal Hill House          | _____ 24 N. Kingstown Sr. Ctr.      | _____ 36 The Center             |                                  |

## CERTIFICATION & AUTHORIZATION

- I authorize the Department of Elderly Affairs to verify my information on the form by contacting employers or any appropriate agency.
- I authorize the Department of Elderly Affairs to visit my residence, with reasonable prior notice to me, for the purpose of determining the validity of information provided on the application, or any claims made under RIPAE.
- I hereby waive the confidentiality of information found in any third party insurer's file, as witnessed by my signature on this application.
- I understand that if it is determined that RIPAE benefits have been paid incorrectly on my behalf, I may be required to repay such benefits.
- I understand that any person who submits a false or fraudulent claim under the RIPAE program, or who aids and abets another in the submission of a false or fraudulent claim, or who claims and receives duplicate benefits, is punishable by law. Any person who is found guilty of intentionally violating the provisions of the RIPAE program shall be subject to immediate termination from the program for a period of not less than one (1) year.
- I understand that all Department actions against an applicant which relate to the application process are subject to the right of appeal in accordance with the provisions of Chapter 42-66.2 of the State of Rhode Island General Laws.
- I understand that my signature on this application indicates my agreement to the above provisions.

**BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ THE CERTIFICATION AND AUTHORIZATION ON THIS APPLICATION, AND AGREE TO THE TERMS AS STATED**

IF YOU HAVE TROUBLE UNDERSTANDING THIS FORM, PLEASE CALL THE DEPARTMENT OF ELDERLY AFFAIRS AT 401-462-4000 (VOICE) or 401-462-0740 (TTY)

SI TIENE PROBLEMA CON ÉSTA APLICACIÓN, FAVOR LLAMAR AL DEPARTAMENTO PARA PERSONAS MAYORES, 401-462-4000, 401-462-0740 (TTY)

SI VOCE TEM PROBLEMAS A COMPRENDER ESTA FORMA, POR FAVOR CHAMA O DEPARTAMENTO DE ELDERLY AFFAIRS, NUMBER DE TELEFON 401-462-4000, 401-462-0740 (TTY)

**Applicant's Signature:**

**Date:**

**Preparer's Signature:**

**Are you a CIS Worker?**

\_\_\_\_\_ yes \_\_\_\_\_ no

**Date:**

**Preparer's Phone Number:**

**DEA Reviewer's Signature:**

**Date:**

**Reviewer's Phone Number:**

## RI PHARMACEUTICAL ASSISTANCE TO THE ELDERLY (RIPAE) FACT SHEET

Effective July 1, 2005

### WHO QUALIFIES FOR RIPAE?

Rhode Island residents 65 or older who meet the income guidelines listed below qualify for RIPAE. Based on their income, RIPAE members pay either 40%, 70% or 85% of the discounted RIPAE price for prescription drugs for those disease conditions listed in Category A below. For those additional drugs in Category B, below, RIPAE members 65 or older will be able to purchase formulary drugs at the RIPAE discount price. The state will make no co-payments for drugs in Category B. Under Rhode Island law, you must also apply for "Extra Help" from the Social Security Administration and enroll in a Part D plan, if you meet the federal low-income and asset limits. Contact your local Social Security office for assistance. Rhode Island residents who have incomes below 150% of the Federal Poverty Level must also prove that they have applied for "extra help" from the Social Security Administration and enrolled in a Medicare Part D plan.

#### Income Levels for RIPAE members 65 or older:

	Single Person	Married Couple	State Pays
Level 1	\$0.00 to \$17,987	\$0.00 to \$22,486	60%
Level 2	\$17,988 to \$22,580	\$22,487 to \$28,226	30%
Level 3	\$22,581 to \$39,516	\$28,227 to \$45,161	15%

Level 1 RIPAE members (65 or older), who during a state fiscal year spend \$1500 in RIPAE co-payments for formulary drugs to treat the disease conditions listed in Category A, will be eligible to have the state pay 100% of Category A formulary prescription drug costs for the rest of that fiscal year.

RIPAE members between 55-65 on Social Security Disability Insurance (SSDI) will be able to purchase formulary drugs to treat Category A disease conditions at 85% of the RIPAE discount price. These RIPAE members will be able to purchase Category B formulary medications listed below at the RIPAE discount price. The state will make no co-payments for drugs in Category B.

#### Income Level for SSDI RIPAE members 55-65

	Single Person	Married Couple	State Pays
Level 4 (SSDI 55-65)	\$0.00 to \$39,516	\$0.00 to \$45,161	15%

Income limits for all RIPAE members exclude medical and pharmaceutical expenses exceeding 3% of an applicant's annual income. These income guidelines are current for the period from 7/1/2005 to 6/30/2006. Limits increase annually based on the Social Security cost of living adjustment.

### WHAT MEDICATIONS ARE COVERED UNDER RIPAE?

Category A Medications provide treatment for those disease conditions listed below:

- |   |   |  |
|---|---|--|
| * Alzheimer's disease                             | * Depression                            | * Infections                                       |
| * Arthritis                                       | * Diabetes (including insulin syringes) | * Mineral & vitamin deficiencies in renal patients |
| * Asthma and other chronic respiratory conditions | * Glaucoma                              | * Osteoporosis                                     |
| * Cancer  | * Heart problems                        | * Parkinson's disease                              |
| * Circulatory insufficiency                       | * High cholesterol                      | * Urinary Incontinence                             |
|   | * Hypertension                          |  |

Category B Medications are all additional FDA-approved medications not used to treat the disease conditions listed in Category A. *All medications for cosmetic purposes are excluded from the RIPAE program.*

For additional information about applying for RIPAE contact your local Community Information Specialist or senior center, or call the RI Department of Elderly Affairs at 401-462-4000 (voice) or 401-462-0740 (TTY).